

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> SCHWAN'S HOME SERVICE, INC TRUCK 513226	<b>Telephone Number</b> Est 507-401-8236 Own 612-439-8497	<b>Date of Inspection</b> 07/14/2021	<b>ID#</b>		
<b>Address</b> 4115 CAPITOL DRIVE, NEW ALBANY IN 47150					
<b>Owner</b> CYGNUS/SCHWANS HOME SERVICE INC.	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 07/24/2021		
<b>Owner's Address</b> PO BOX 178 MARSHALL, MN 56258-		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
<b>Person in Charge</b> MICHEAL 'GENE' TOOLE					
<b>Responsible Person's Email</b> MICHAEL.TOOLE@CYGNUSDELIVERS.COM					
<b>Certified Food Handler</b>					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	